

# Form A

Commonwealth of Virginia  
Virginia Employment Commission  
**Workforce Investment Act**



# NOMINATION FORM

## Local Workforce Investment Board



1-Name (First, MI, Last)		2-Local Workforce Investment Area (LWIA)#		3-Date	
4-Street Address				13-Nominee Characteristics	
5-City		6-County		Gender: Male <input type="checkbox"/> Female <input type="checkbox"/>	
7-State		8-ZIP		Race:	
9-Home Phone (include area code)		10-Work Phone (include area code)		White <input type="checkbox"/> Black <input type="checkbox"/>	
11-FAX		12-E-Mail		Hispanic <input type="checkbox"/> Amer. Indian <input type="checkbox"/>	
15-LWIA Name		16-CBO Representative		Native Alaskan <input type="checkbox"/> Asian <input type="checkbox"/>	
		Title _____ Organization _____		Pacific Islander <input type="checkbox"/> Other <input type="checkbox"/>	
14-Recommended for (see section number)					
16-Community-Based Organization (CBO) <input type="checkbox"/>					
17-Private Sector (Business) <input type="checkbox"/>					
18-Education <input type="checkbox"/>					
19-Economic Development <input type="checkbox"/>					
20-Organized Labor <input type="checkbox"/>					
21-One-Stop Partner <input type="checkbox"/>					
22-Other <input type="checkbox"/>					
17-Private Sector (Business) Representative					
Title _____				Yes No	
Business _____				Minority-Owned Business <input type="checkbox"/> <input type="checkbox"/>	
Type of Business _____				Female-Owned Business <input type="checkbox"/> <input type="checkbox"/>	
				Urban <input type="checkbox"/> Suburban <input type="checkbox"/> Rural <input type="checkbox"/>	
				Number of Employees _____	
18-Education Representative			20-Organized Labor Representative		
Title _____			(Please specify local labor council or building and trades council of affiliation)		
Institution _____			_____		
Local Ed. <input type="checkbox"/> Post-Secondary <input type="checkbox"/> Voc. Ed. <input type="checkbox"/>					
19-Economic Development Representative			21-One-Stop Partner Representative		
Title _____			Title _____		
			Partner/Entity _____		
23-Nominator			22-Other Representative		
I hereby recommend the above named person for membership on the Local Workforce Investment Board for LWIA # ____.			Title _____		
Signature _____ Date _____			Agency _____		
Printed/Typed Name & Title of Nominator _____			24-Action by Chief Local Elected Official		
Nominator Organization _____			Subject to certification required by Section 117 of the Workforce Investment Act of 1998 and Policy 99-2 of the Virginia Workforce Council, the person nominated herein has been duly appointed to the Local Workforce Investment Board by the Chief Elected Officials of LWIA # _____		
Phone _____ FAX _____			Term of Appointment: FROM _____ TO _____		
E-Mail _____			Signature of Chief Local Elected Official _____ Date _____		